Draft Minutes of Governor's Task Force for Electronic Health Records
Subcommittee #3 Electronic Health Records in Hospitals and Institutions
July 12, 2005

Members:
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Others:
Steve Farmer*
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* Indicates those participating

Agenda

I. Task force work plan update

Regular meetings of the Task Force and subcommittee chairs are being held via conference call to coordinate and expedite work. A new potential short term initiative - whereby the state, in its capacity of a large self-insured employer, would encourage EHR adoption - was recently added to subcommittee #4's work plan for further development.

II. National health care IT context

Plans to promote EHR adoption are showing up at different levels of federal and state governments. The Executive Branch at the Federal level has formed a public-private stakeholder group to develop standards for interoperability. The National Governor's Association includes in its recommendations for Medicaid reform requests for funding of EHR initiatives at the state level. Congress has several bills before it on the subject.

Ashley Clary, with Sentara, reported on her review of 15 RHIOs around the country (see attached) – and discussed in some detail California's and Tennessee's approaches.

The California model promotes individual development of RHIOs by setting standards of state-wide RHIO based on what is done regionally. All RHIOs currently are privately

funded at local level. Three most established in the state are Central Valley Health System, Kaiser Foundation and Santa Barbara County.

Tennessee has three large RHIOs. Their focus is on standardizing forms. Usually a main hospital or health system gets the RHIO started with data. Funding comes from payers to move it out to the community. Minimal state funding of the initiatives thus far.

III. EHR/IT Adoption in Hospitals – AHA survey

VHHA received from AHA a database of 44 Virginia hospitals and health systems who completed the AHA IT survey. Hospitals in the survey comprise 76% of net patient revenue. (EPICs 2004 data).

Under represented in the survey responses are small independent hospitals particularly those under 150 beds, most of which are in rural locales. By region, the data contains 93% of hospitals in Northern VA, 63% in Tidewater, 63% in Blue Ridge, 53% in Central, 50% in Roanoke and 37% in Southwest.

The results provide a solid foundation with regard to hospital/health system EHR and IT adoption. Analysis of results is underway and will be available for discussion by the Aug. 2 subcommittee meeting.

IV. Other health care institutions IT data needed

Other health care institutions from which data is needed are long-term care, Veterans Administration facilities, mental health facilities and insurance/payers.

A discussion of the data needed from payers identified the key areas of inquiry as components of IT in payer community, incentives to adopt EHR, and penetration of components in payer market share. Of interest to payer community are 1) what programs drive compliance with EHR, 2) what is being used for interoperability, and 3) how is EHR linked to quality incentives. Leonard Hopkins offered to provide information on where Anthem was in its IT initiatives at a later meeting. A subgroup comprised of Chris Bailey, Leonard Hopkins, Karen Remley and Doug Gray (Virginia Association of Health Plans) was identified to develop a short survey to be sent to payers.

Chris Bailey will contact the Virginia Health Care Association to get information on IT adoption in their field. Contact with the state mental health system and Veterans Administration's hospitals will also be made to gather information on the extent of their EHR development.

V. Short Term Priorities

Bert Reese asked if sub-committee members have a definition of short term "interoperability" priorities. In other words, what health care information is it most critical for hospitals and other organizations to be able to transfer and share.

A number of initial priorities were suggested for further development and consideration. The first was an immunization registry. Currently Sentara and Anthem has a pilot project that could provide a footprint for a statewide system.

The second "interoperability" priority identified was a system that would assist emergency physicians. Among the information that may be of most assistance to patients and emergency physicians: a problem list of active patient conditions, drug lists/reconciliation and discharge summaries from the hospital(s). The drug information may already be available from pharmacy management systems, but is not currently available to physicians who often struggle with incomplete information about medications being taken by their patients. Pharmacy information also would allow for better prevention of drug allergies.

The third focus of the subcommittee concerned the ready transfer of imaging records and reports. The issue here is deciding if the film itself transfers or only the radiologist's report. The report was deemed most important. It also is much easier to transfer than an image.

For all these areas a key issue is maintaining an accurate tie to the patient. The system must reliably assign diagnostic and treatment data to the correct patient – and patients are often identified in different ways at different sites of care.

In response to a question about what sort of institutional health care data linkages would be of most use to Medicaid Pat Finnerty discussed the agency's priority and associated RFP related to chronic disease. He will be able to provide more detail as responses to the agency's RFP are analyzed.

VI. Next steps/July 19 conference call

The agenda for July 19th call will be:

- Long-term care report on use of EHR
- Proposed payer survey and Anthem report as mentioned above
- Review priorities list for institutional EHR interoperability.